

Refund Appeal Form



Return Completed Form To:

Bursar
Northeast State Community College
P.O. Box 246
Blountville, TN 37617-0246

Date

mm/dd/yyyy



Student Information:

Full Name

Student ID Number

Street Address

Phone Number

City

State

Zip Code

Date of
withdrawal:

mm/dd/yyyy



Appeal Term and
Year:

Explain the reasons for contesting the refund policy. Use an additional page, if needed. It is the student's responsibility to provide written documentation substantiating the reason(s) for the appeal. Withdrawals or reductions in course load due to personal illness or injury require a statement from a licensed medical physician stating withdrawal was necessary due to the health of the student. A death in the immediate family must be verified with a copy of the obituary. Immediate family includes spouse, child, stepchild, parent, step-parent, foster parent, parent-in-law, sibling, grandparents, and grandchildren. Other reasons must be supported by written documentation.

Student Signature

Date

mm/dd/yyyy



Business Office Use Only:

Decision of Refund Appeal

Refund percentage or amount, or the reason for denial:

☐ Approved ☐ Denied

The refund percentage is for the refundable fees in compliance with the Institutional Refund policy as approved by the Tennessee Board of Regents.

Signature

Date

mm/dd/yyyy

